MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09.529.091	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1		1				51							
2		1		1			52							
3		1		1			53							
4		1		1			54							
5		1		1			55							
6		1		1			56							
7		1		1			57							
8		1		1			58							
9	1		1				59							
10		1		1			60							
11		1					61							
12		1		1			62	1						
13		1					63							
14		1		1			64							
15		1		1			65							
16		1		1			66							
17		1		1			67							
18		1		1			68							
19		2		1			69							
20							70							
21							71							
22				1			72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2		2				TOTAL IND.							
TOTAL DEP.	18		17				TOTAL DEP.							
TOTAL CLAIMS	20		19				TOTAL CLAIMS							